

Commission's Grant Application Form

Shelby County Board of Commissioners

GRANT APPLICATION

Legal Name of the Organization:	Neshoba Community Resource Center, Inc.
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EIN:	62-1800062
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Street Address of Organization	7715 E. Holmes Road
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Office Phone:	901-754-3979
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E-mail	newsardischurch@bellsouth.net
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(Section Break)

EXECUTIVE DIRECTOR

First Name	L. LaSimba
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Last Name	Gray
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GENERAL CONTACT FOR THIS REQUEST(if other than Executive Director)

First Name	L. LaSimba
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Last Name	Gray
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Title:	Executive Director
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DESCRIPTION OF GRANT REQUEST

Program/Project Area:	South Eastern Shelby
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Amount Requested	15,000.00
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Total Organizational budget (for current year):	600.00
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Total Project/Program Budget:	600.00
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Dates covered by this budget:	December 1, 2015-November 30,2016
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Project/Program Name:	Neshoba Senior Citizen Outreach
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(Section Break)

INTRODUCTION AND BACKGROUND OF ORGANIZATION

Please summarize in a short paragraph the purpose of your agency. Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if a grant is made.

To enhance the quality of life for Senior Citizens by providing recreation, fellowship meals and outings. To empower senior citizens via field trips and workshops

(Section Break)

Narrative - Organization

Current programs and accomplishments. Please emphasize the achievements of the recent past.

The Senior Citizen Ministry has provided field trips, informational workshops, fellowship meals and home visit for the past 10 years.

Numbers of paid full-time staff:	3
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Number of paid part-time staff:	7
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Number of volunteers:	9
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(Section Break)

Narrative - Funding Request

Please describe the program/project for

Seniors living within the catchment area of the Neshoba Community Resource Center will be able to enjoy fellowship

which you seek funding and include how it will benefit the general welfare of residents in Shelby County, TN.

meals and field trips.

General Operating Support

If applying for general operating support, briefly describe how this grant will be used.

We will renovate our kitchen in the amount of \$5,000.00 and will purchase ceramic supplies and a Kiln in the amount of \$2,500.00. We will also purchase audio visual equipment for workshops in the amount of \$2,500.00 and provide field trips in the amount of \$5,000.00

Project Support

Please explain the specific project including a statement of its primary purpose and the need or problem that you are seeking to address.

Our mission is to allow Senior citizens to live their lives to the fullest extent possible through organized activities, informational meetings and empowerment workshops and fellowship meals.

How does the project contribute to your organization's overall mission?

This project will enhance our ability to provide wholesome activities and meeting space with aid for seniors in the southeastern section of Shelby county.

(Section Break)

Narrative - Evaluation

Please explain how you will measure the effectiveness of your activities. Describe your criteria for a successful program and the results you expect to have achieved by the end of the funding period.

This program will be measured by the number of seniors we serve in the southeastern section of the Shelby County. The bi-weekly meetings and meals served to the homeless community will be documented. The meals will be prepared and taken to the homeless communities in the southeastern section of Shelby County.

Attachments:

If your request is under \$25,000 please attach the following:

1. Copy of the entity's 501 (c) 3 certificate for charitable organizations or 501 (c) 4 certificate for civic organizations

2. Most recent IRS Form 990 or Financial Statements (balance sheet and income statement) as of the most recent fiscal year end certified by Chief Financial Officer/Treasurer of the entity.

3. Complete Budget for grant request

If your request is \$25,000 or more please attach the following:

1. Copy of the entity's 501 (c) 3 certificate for charitable organizations or 501 (c) 4 certificate for civic organizations

2. Copy of an annual audit as of a date within 18 months of the start of the current fiscal year.

3. Complete Budget for grant request

File 1 *Field not completed.*

File 2 *Field not completed.*

File 3 *Field not completed.*

ACKNOWLEDGEMENT:

Read, and if you agree to the provisions, sign the following:

The information provided has been submitted in good faith and as completely as our records and recollections permit.

I understand that the information provided in this application shall be open to inspection upon filing with the office of the Shelby County Board of Commissioners.

Signature: L.LaSimba M. Gray, Jr.

Printed Name: L. LaSimba M. Gray, Jr.

Date 10/29/2015
